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Editorial: Quality of Life in Multimorbidity

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This special section is the second part of a series on gerontological research that bridges the interdisciplinary gap between clinical and behavioral perspectives on central aging phenomena. As a follow-up to the first part on the promotion of late-life mobility and independence, the second part focuses on how quality of life (QOL) can be maintained or improved in multimorbid individuals.

Multimorbidity, defined as the coexistence of two or more chronic health problems [1], is *the* illness of old age [2, 3]. Despite its high prevalence, multimorbidity and its impact on QOL is yet to be better understood. Compared to a single disease, research on multimorbidity requires a paradigmatically different approach. In fact, not only specific illnesses but also the complex interactions of the multiple health problems affect diagnosis, treatment, coping and QOL. In multimorbidity, the optimal treatment is typically the combination of multiple suboptimal treatments, at least from the perspective of a single disease [4]. In addition, compliance largely depends on the relation between the functional effects of the illnesses and individual life goals. Depending on an individual's personal goal system, treatment of the individual health problems comprising the individual case of multimorbidity is likely to be differentially prioritized.

This special section issue will bridge the gap between clinical and behavioral approaches investigating the relationship between multimorbidity and QOL. The issue will stress the theoretical and practical relevance of using QOL as the overarching concept that aging individuals from midlife to old age strive to stabilize and maintain. In this context, the issue will demonstrate that treatment decisions and adherence behavior in multimorbidity have to be framed differently when using this QOL focus. Ideally, the bridge we are proposing will lay the foundation for more collaboration between psychological QOL researchers and medical researchers by providing the conceptual and paradigmatic framework to empirically examine QOL in multimorbidity. We believe the publication of a dedicated special issue on this topic will help advance the field of gerontological as well as clinical research on how people manage to lead a good life at different levels of functioning.

In this second 'Bridging the Gap' special section issue we have invited authors from the medical-clinical as well as the psychological-behavioral field examining the interaction of severe health impairments such as multimorbidity and QOL, including novel conceptual ideas and the application of novel methodological approaches to better understand the complex relation between QOL and multimorbidity across the adult life span.

Brief Overview of the Special Section Issue Contributions

Schulze et al. [5, this issue] emphasize the role of psychosocial adjustment as a key stress-response process required to maintain QOL under challenging circumstances, such as when faced with multiple chronic diseases. In particular, the authors focus on two relevant exemplary processes involved in adapting to multimorbidity: (1) cognitive-affective processing of the disease in the context of illness perceptions and (2) interpersonal emotion regulation. As such, the authors illustrate implications for both basic research and clinical practice following from adopting a stress-response perspective on the adjustment to multimorbidity.

Freund et al. [6, this issue] approach the topic of the special section issue from a different angle. Their focus is on midlife as a period characterized more than other periods of the adult life span by engagement in multiple life domains (i.e. family, work, leisure), which may result in an overtaxing of personal resources through multidomain conflict and as a consequence lead to multiple psychosomatic symptoms, which themselves may contribute to later life morbidity. In contrast, multidomain facilitation may buffer the detrimental effects of multidomain conflict, and thus help maintain QOL.

Using diabetes type 1 and 2 as an exemplary chronic illness condition, Djalali et al. [7, this issue] introduce a feasibility study on the development of a novel quality and outcomes framework for Switzerland (SQOF) compared to a similar framework implemented in Great Brit-

ain. The SQOF is based on available electronic medical records from general practitioners and aims at narrowing the evidence-performance gap identified in clinical settings for vulnerable patients such as those suffering from multiple chronic conditions. Their study represents an important first step in the medical arena to adopt novel treatment and evaluation approaches that pay tribute to the complex interactions between illness and QOL under conditions of chronic and multimorbid health impairments.

Rast et al. [8, this issue] illustrate the usefulness of applying a novel statistical approach, the Johnson-Neyman technique, to identify time periods where multimorbidity may impact QOL (i.e. depression) versus times with no impact of multimorbidity on QOL outcomes using longitudinal data from the Health and Retirement Study that were scaled based on time-to-death rather than chronological age. Their findings indicate differential effects of multimorbidity on rates of change in depression. Given the complex task of identifying whether and which multiple health problems may contribute to and impair a person's well-being and overall QOL, such analytical tools appear to be useful in reducing complexity.

Taken together, the contributors to this second 'Bridging the Gap' special section issue represent psychological-behavioral as well as medical-clinical approaches, methods and concepts to link multimorbidity and QOL from midlife to old age that we believe will help foster the development of new models of the maintenance of QOL even under adverse health conditions so typical, in particular, for late life.

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